

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS503S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2009
NAME OF PROVIDER OR SUPPLIER DELMAR GARDENS OF GREEN VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 DELMAR GARDENS DRIVE HENDERSON, NV 89014		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on July 7, 2009 through July 10, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. The census was 181 residents. The sample size was 29 sampled residents which included 3 closed records. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000		
Z230 SS=G	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to properly identify, report, and act in a timely manner in the significant weight loss for 1 of 29 residents (Resident #28). Findings include: Resident #28 was admitted on 11/11/08 with diagnoses including Dementia, Hypertension,	Z230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z230	<p>Continued From page 1</p> <p>Cerebral Infarct, Seizure, and Alzheimer's Disease. The resident was transferred to the hospital on 4/19/09.</p> <p>Resident #28's initial weight on 11/11/08 was 175 pounds . The Initial Nutritional History/Assessment form revealed Resident #28's height was 76 inches and the ideal body weight was 180 to 222 pounds.</p> <p>The resident's weight steadily decreased in a 5 month period. On 4/1/09, Resident #28's weight was 157 pounds. The prior month, on 3/3/09, Resident #28 weighed 166 pounds. No reweighs were completed on 4/1/09 when a 9 pound weight loss was documented within a one month period. No calculations were completed/documentd on 4/1/09 to determine a significant weight loss. The weight loss percentage for a one month period (3/3/09 - 4/1/09) for Resident #28 was 5.5%, which indicated severe weight loss.</p> <p>The Facility's policy (revised date 5/27/08) regarding weight monitoring indicated the resident would be reweighed if a 5 pound weight loss or gain was noted. The resident would also be reweighed within 3 days if noted to have significant weight changes.</p> <p>Sixteen days after the 4/1/09 weight was taken, Resident #28's Nurse's Note dated 4/17/09 revealed the resident's wife contacted the facility and was concerned about her husband not eating well and weight loss. The physician was then contacted. Resident #28's physician orders dated 4/17/09 requested for a nutritional evaluation to be completed.</p> <p>Eighteen days after the 4/1/09 weight was taken, Resident #28 was transferred to the hospital for</p>	Z230		

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Z230	<p>Continued From page 2</p> <p>decreased neurological status on 4/19/09. The resident did not return to the facility.</p> <p>Twenty days after the 4/1/09 weight was taken, a nutritional assessment was completed by the registered dietician (RD) on 4/21/09, but the resident was still in the hospital.</p> <p>The resident's Weekly Nursing Summary dated 4/5/09 documented Resident 28's weight on 12/2/08 was 171.08. The form lacked any indication of the recent 4/1/09 weight which was 157 pounds. The form lacked any identified significant weight loss for the month.</p> <p>The resident's Weekly Nursing Summary dated 4/12/09 identified the resident's weight was 157 pounds and the resident had lost 9 pounds from the previous month. The form documented the resident was on Med Pass 2.0 three times a day. Med Pass was ordered by the physician 1/28/09. There was no documented evidence the physician was notified of the weight loss and there were no changes with the resident's diet for April 2009.</p> <p>Dietary progress notes indicated the resident was offered snacks between meals since January 2009, and the resident continued to lose weight.</p> <p>On the morning of 7/9/09, the RD indicated the technician should have calculated the weight loss on 4/1/09 to determine if there was significant weight loss. Reweighs should have been completed due to the weight loss and the physician, nursing staff or herself should have been informed about the significant weight loss in a timely manner.</p> <p>There was no documented evidence the</p>	Z230		

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Z230	Continued From page 3 physician or the RD was notified of the significant weight loss until 4/17/09 and the physician was notified due to the concerns of the family. There were no new interventions initiated to increase the residents's weight from 4/1/09 to 4/17/09. Severity 3 Scope 1	Z230		

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